



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL

City of Hospital: Elwood

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4516117
Outpatient Patient Service Revenue	\$67562830
Total Gross Patient Service Revenue	\$72078947

2. Deductions From Revenue

Contractual Allowance	\$47024575
Other Deductions	\$0
Total Deductions	\$47024575

3. Total Operating Revenue

Net Patient Service Revenue	\$25054372
Other Operating Revenue	\$1512875
Total Operating Revenue	\$26567247

4. Operating Expenses

Salaries and Wages	\$4502131	Employee Benefits	\$1315238
Depreciation and Amortization	\$1252105	Interest Expense	\$348444
Bad Debt	\$1607087	Other Expenses	\$14442191
Total Operating Expenses	\$23467196		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3100052	Total Assets	\$16859229
Net Non-operating Gains over Loss	\$-4969	Total Liabilities	\$16782134

Total Net Gains	\$3095083
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37402421	\$24687488	\$12714933
Medicaid	\$15781839	\$13565288	\$2216551
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18894687	\$6547574	\$12347113
Total	\$72078947	\$44800350	\$27278597

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$55181	\$-55181
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	223
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement
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Hospital Charity Charges	\$2224224
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$630971	
HCI Payments	\$0		
Subtotal	\$0	\$630971	\$-630971
Medicaid Shortfalls	\$1542302	\$5755430	
Subtotal	\$1542302	\$6386401	\$-4844099
DSH Payments	\$0		
Subtotal	\$1542302	\$6386401	\$-4844099
Medicare Shortfalls	\$12323591	\$10610375	
Other Government Programs	\$0	\$0	
Total	\$13865893	\$16996776	\$-3130883

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$30236	\$-30236
Community Assessment	\$0	\$24945	\$-24945
Provision of Taxes	\$0	\$1278414	\$-1278414
Other Allocations	\$0	\$0	\$0

Comments

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